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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM		Application Number	09/774374-Conf. #8797
(to be used for all correspondence after initial filing)		Filing Date	January 30, 2001
		First Named Inventor	Motohiro Suzuki
		Art Unit	1746
		Examiner Name	M. Wills
Total Number of Pages in This Submission	1	Attorney Docket Number	SIW-004

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): A return acknowledgement postcard.	TC 1700
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAHIVE & COCKFIELD, LLP Anthony A. Laurentano - 38,220
Signature	
Date	November 10, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV311018875US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 10, 2003

Signature:

(Anthony A. Laurentano)

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complaint Known

Application Number	09/774374-Conf. #8797
Filing Date	January 30, 2001
First Named Inventor	Motohiro Suzuki
Examiner Name	M. Wills
Art Unit	1746
Attorney Docket No.	SIW-004

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **12-0080**

Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) or any underpayment of fee(s)
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

SUBTOTAL (1) (\$ 0.00)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="checkbox"/>	<input type="checkbox"/> X <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Independent Claims	<input type="checkbox"/> X <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent		= <input type="checkbox"/>	= <input type="checkbox"/>

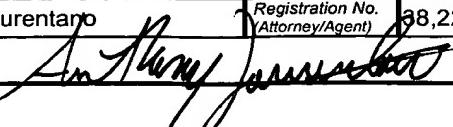
Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

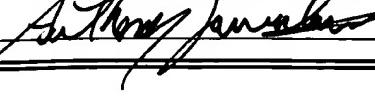
** or number previously paid, if greater; For Reissues, see above

(Complete if applicable)

Name (Print/Type)	Anthony A. Laurentano	Registration No. (Attorney/Agent)	38,220	Telephone	(617) 227-7400
Signature		Date	November 10, 2003		

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